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State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Norman H. Bangerter
Governor

Dee C. Hansen
Executive Director

Dianne R. Nielson, Ph.D.
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340

February 2, 1989

CERTIFIED RETURN RECEIPT REQUESTED
(P 879 596 387)

Mr. Robert Hagen, Director
Office of Surface Mining
Reclamation and Enforcement
Suite 310, Silver Square
625 Silver Avenue, S. W.
Albuquerque, New Mexico 87102

Dear Mr. Hagen:

Re: TDN X88-02-107-12-TV1, Co-Op Mining Company, Bear Canyon
Mine, ACT/015/025, Folder #5, Emery County, Utah

Pursuant to your letter of January 27, 1989, received by the undersigned (designated contact) on February 1, 1989, the following is a request for an informal review of the position taken by the Albuquerque Field Office with respect to the inferred violation and that the referenced TDN was arbitrary and capricious.

Please consider the facts listed below in your review of this issue.

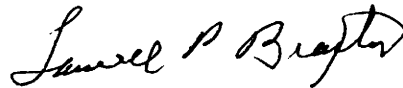
1. The discharge water is of culinary quality and did not come into contact with mining disturbed areas prior to issuance of the Ten-Day-Notice (TDN).
2. The Department of Health's informal position is that issuance of a UPDES discharge permit for culinary quality water does not serve a useful purpose.

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3. The U.S. Forest Service is disallowing issuance of a UPDES/NPDES discharge permit on or adjacent to forest service land at this time. Consequently, a waiver to the permit may be required.
4. Co-Op Mining Company has applied for the requisite permits.
5. Co-Op Mining Company is temporarily diverting this flow through the mine sedimentation pond, pending resolution of the UPDES permit issuance (this action results in degradation of the culinary quality of the discharged water).
6. The Division's actions have not compromised the environmental situation at the Co-Op Mine.

Should additional information be required, please advise.

Sincerely,



Lowell P. Braxton
Administrator
Mineral Resource Development
and Reclamation Program

djh

cc: G. Hansen
D. R. Nielson
B. W. Roberts
K. May
J. Whitehead
P.F.O.
AT18/12-13

P 879 596 387

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to MR. Robert Hagen, Director	
Office of Surface Mining	
Street and No. Suite 310 Silver Sq.	
625 SILVER AV. S.W.	
P.O., State and ZIP Code	
Albuquerque NM 87102	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

ACT/05/025 TDN X 88-02-107-12-TV1

<p>PS Form 3811, Dec. 1980</p> <p>● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.</p>	
<p>(CONSULT POSTMASTER FOR FEES)</p> <p>1. The following service is requested (check one).</p> <p><input checked="" type="checkbox"/> Show to whom and date delivered</p> <p><input type="checkbox"/> Show to whom, date, and address of delivery ..</p> <p>2. <input type="checkbox"/> RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.)</p> <p style="text-align: right;">TOTAL \$</p>	
<p>3. ARTICLE ADDRESSED TO: Robert Hagen, Director Office of Surface Mining Suite 310 Silver Square 625 SILVER AVENUE S.W. Albuquerque NM 87102</p>	
<p>4. TYPE OF SERVICE:</p> <p><input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED</p> <p><input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD</p> <p><input type="checkbox"/> EXPRESS MAIL</p>	<p>ARTICLE NUMBER</p> <p>P 879 596 387</p>
<p>(Always obtain signature of addressee or agent)</p> <p>I have received the article described above.</p> <p>SIGNATURE <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> Authorized agent</p> <p>5. DATE OF DELIVERY 4/9/89</p> <p>6. ADDRESSEE'S ADDRESS (Only if requested)</p> <p>7. UNABLE TO DELIVER BECAUSE:</p>	
<p>POSTMARK</p> <p>7a. EMPLOYEE'S INITIALS</p>	

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

ACT/05/025 TDN X 88-02-107-12-TV1